

3194

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Yuma</u>		BUREAU OF VITAL STATISTICS		State Index - - - - No. <u>623</u>			
District <u>Summerton</u>		ORIGINAL CERTIFICATE OF DEATH		County Registrar's - - No. <u>19</u>			
Town or City <u>Summerton</u>		No. _____		Local Registrar's - - No. <u>19</u>			
(If death occurred in a hospital or institution, give its NAME instead of street number)							
2. FULL NAME <u>Maria Lugo</u>							
(a) Residence. No. _____				St. _____ Ward _____			
(Usual place of abode)				(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred				How long in U. S. if of foreign birth?			
yrs. mos. <u>2</u> ds.				yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>F</u>	4. COLOR or RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Single</u> (Write the word)					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Cliff</u>							
6. DATE OF BIRTH (month, day and year) <u>5-14-30</u>							
7. AGE		Years	Months	Days	IF LESS than 1 day... hrs. or min.		
				<u>2</u>			
8. OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>Cliff</u>							
(b) General nature of industry, business or establishment in which employed (or employer)							
(c) Name of employer							
9. BIRTHPLACE (city or town) <u>Summerton</u> (State or country) <u>Ariz</u>							
10. NAME OF FATHER <u>Miguel Lugo</u>							
11. BIRTHPLACE OF FATHER (city or town) <u>Mex</u> (State or country)							
12. MAIDEN NAME OF MOTHER <u>Verma</u>							
13. BIRTHPLACE OF MOTHER <u>Phoenix</u> (State or country) <u>Ariz</u>							
14. Informant (Address) <u>Jose Verma</u>							
15. Filed <u>6-7-30</u> <u>PPS</u> Local Registrar.							
Filed _____, 19____ County Registrar.							
V. S. No. 1							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH (month, day, and year) <u>5-16-30</u>							
17. I HEREBY CERTIFY, That I attended deceased from <u>5-14-30</u> to <u>5-16-30</u> that I last saw him alive on <u>5-15-30</u> and that death occurred, on the date stated above, at <u>5 a m.</u> The CAUSE OF DEATH* was as follows: <u>Premature &amp; deformed</u>							
(Duration) _____ yrs. _____ mos. <u>2</u> ds.							
CONTRIBUTORY (Secondary)							
(duration) _____ yrs. _____ mos. _____ ds.							
18. Where was disease contracted If not at place of death?							
Did an operation precede death? <u>No</u> Date of _____							
Was there an autopsy? <u>No</u>							
What test confirmed diagnosis? <u>Physician</u>							
(Signed) <u>Paul R. Roberts</u> , M. D. <u>5-16-30</u> (Address) <u>Summerton</u>							
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)							
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u>				DATE OF BURIAL <u>5/16 1930</u>			
20. UNDERTAKER <u>W. J. Johnson</u>				ADDRESS <u>Yuma Ariz</u>			